

PARTNERSHIP TENTATIVE RETURN

AND APPLICATION FOR EXTENSION OF TIME TO FILE

For period beginning _____, 2007 and ending _____, 20

2007

Federal Employer I.D. Number		
Partnership Name		
Mailing Address		
City	State	Zip Code

Make checks payable to: State of New Jersey – PART
Write the Federal ID number and tax year on the check.

Mail To: **Filing Fee and Tax on Partnerships**
PO Box 642
Trenton, NJ 08646-0642

1. Filing Fee (Line 4 of Filing Fee Schedule)
2. Installment Payment (Multiply Line 1 by .50)
3. Tentative Nonresident Noncorporate Partner Tax
4. Tentative Nonresident Corporate Partner Tax
5. Total Fee and Tax (Add Lines 1-4)
6. Less: Line 1 of Tiered Partnership Payment Schedule
7. Less: Payment/Credit
8. Total Balance Due

[illegible]

\$

023890000000000000000000007120800000000000

FILING FEE SCHEDULE

- | | | | | |
|---|--|-------|--|---------|
| 1 | Number of Resident Partners | _____ | x \$150.00 | = _____ |
| 2 | Number of Nonresident Partners with
Physical Nexus to New Jersey | _____ | x \$150.00 | = _____ |
| 3 | Number of Nonresident Partners without
Physical Nexus to New Jersey | _____ | x \$150.00 x | = _____ |
| | | | <div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div> <div style="text-align: center; margin-top: 5px;"> Corporation
Allocation Factor </div> | |
| 4 | Total Filing Fee (Add Lines 1–3) | _____ | | |

Carry the total from Line 4 to Line 1 on the front of Form PART-200-T. If the amount on Line 4 is greater than \$250,000, enter \$250,000 on Line 1 of Form PART-200-T.

TIERED PARTNERSHIP PAYMENT SCHEDULE

List the Partnership's Name(s), Federal Identification Number(s) and share of New Jersey Tax reported on Line 1, Column B of Part III of each Schedule NJK-1 received.

	Name	FEIN	Amount
A.			
B.			
C.			
D.			
E.			

1. Total Tax Paid on Behalf of Partnership:

Carry the total from Line 1 to Line 6 on the front of Form PART-200-T.